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ABSTRACT

This handbook contains suggested teaching activities, student worksheets, background information, and a list of basic resources for teacher of health education. Topics discussed are health promotion, seven steps to health, major dimensions of health, and Acquired Immune Deficiency Syndrome (AIDS). Included in the handbook is a teaching unit on AIDS which provides teacher and student background notes and guidelines for class discussions. (JD)

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Health Education Community Health

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ALCOHOLICS ANONYMOUS

BLOCK PARENTS

MANITOBA HEALTH

HEALTH AND WELFARE, CANADA

SP 030747

Teaching Supports

Grade 7

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Manitoba Education
Curriculum Development and Implementation

HOW TO USE THE TEACHING SUPPORTS

This handbook contains suggested teaching activities, student worksheets, background information and a list of basic resources for teachers of Health Education. The materials complement the Health Education curriculum and are keyed to it by grade, unit and student objective number. The set of Teaching Supports is designed for the unit on Community Health.

Not only do the Teaching Supports help children to understand the concepts being taught in this program, but they also serve to inform parents of what their children are learning.

Consider this set of materials as a beginning file or collection of resource ideas that can be modified to reflect both the needs and interests of students and the communities in which they live and learn. The material can be duplicated for classroom use.

The Teaching Supports are correlated to the student objectives in the Health Education curriculum guide. The code in the upper right hand corner of the Teaching support gives the grade and the number of the student objective to which the material is keyed. For instance, the code "1.1.2" indicates that this Teaching Support is geared to the grade one curriculum and to objective 1.2.

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TABLE OF CONTENTS

7.2.1 Health Promotion

Regional Boundaries, 1976

Directory of National Health--Related Organizations and Associations in Canada

7.2.5 The Seven Steps to Health

7.4.0 Major Dimensions of Health

Teacher Background Notes: Lifestyle

Teacher Background Notes: Well-Being

7.4.5 Prescription for Lifestyle

7.5.0 Introduction: AIDS Information

AIDS Education Lesson

7.5.1 Teacher and Student Background Notes: The Immune System

Teacher Background Notes: The Immune System

7.5.2 Teacher Background Notes: Some Questions and Answers About AIDS

7.5.5 Student Background Notes: AIDS and HIV Infection

Teacher and Student Background Notes: Spectrum of AIDS

Teacher Background Notes: AIDS in Canada: What You Should Know

Student Activity: AIDS Facts and Fallacies Quiz

Case Study

HEALTH PROMOTION

Canada has a strong health care system and its people have a level of health that is envied. However, health care costs are rising and major challenges remain. The present Canadian health care system does not adequately deal with major health concerns of our time. The national challenges, which may differ from regional problems, must be faced in order to achieve health for all (J. Epp, 1986). National challenges include:

- reducing the inequities in the health of people of low economic status,
- finding new, effective ways of preventing chronic illness, injury and disabilities,
- enhancing people's attitudes to manage and cope with chronic conditions, disabilities and mental health problems.

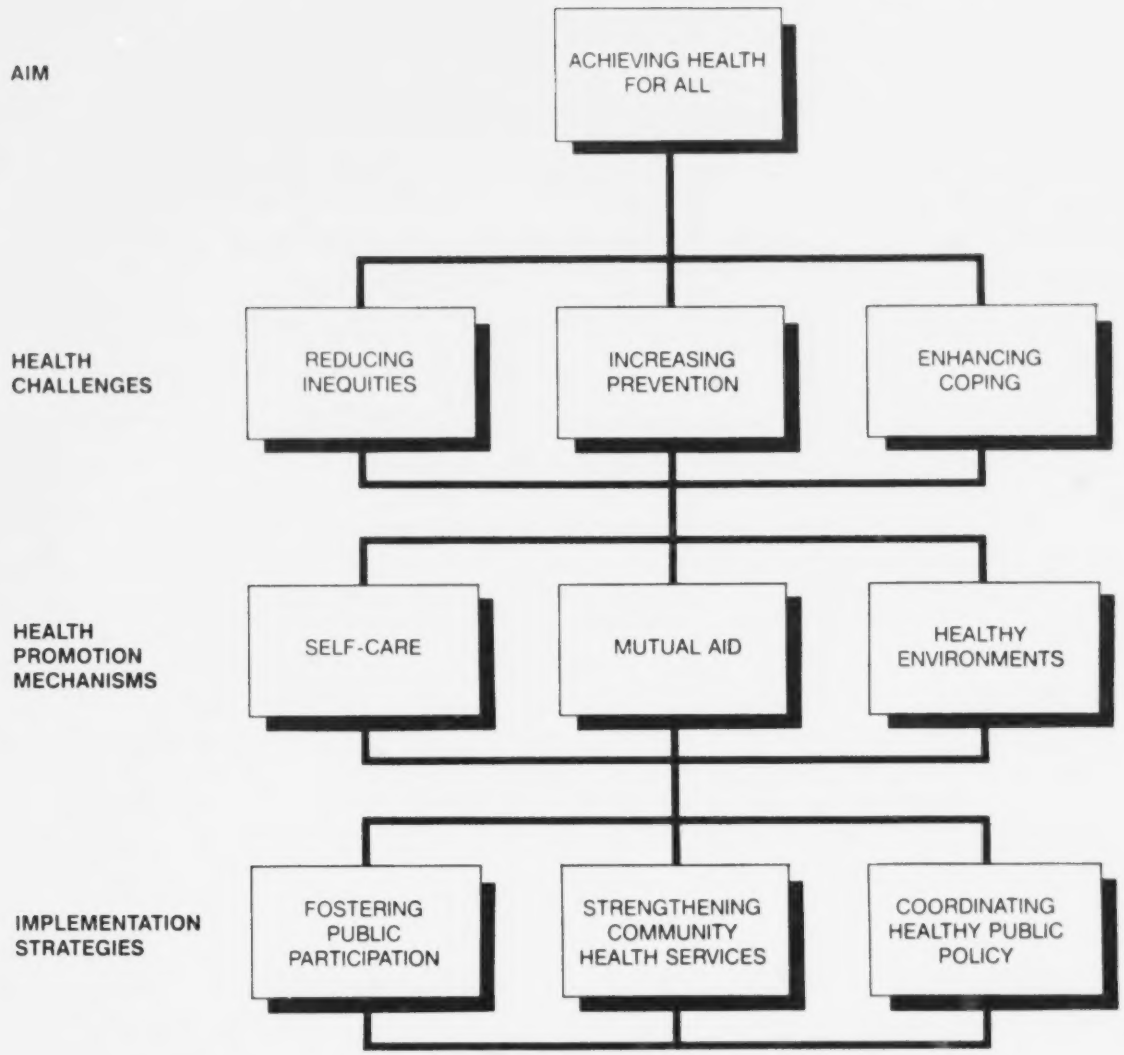
Health promotion is defined as the process of enabling people to act in ways to increase control over and improve their health. It involves:

- self care (decisions and actions to improve and protect personal health),
- mutual aid (use of health networks to support individuals within the community who may be ill or disabled),
- health environments (creating and adapting surroundings that are conducive to health).

Strategies to encourage health promotion components include:

- fostering public participation (people are helped to preserve or improve their health),
- strengthening of health services (expand service, roles, coordinate community programs),
- coordinating healthy public policy (to meet health needs of people, healthy policies must be formulated and enacted).

Reference: Jake Epp, Minister of Health for Canada, Achieving Health for All: A Framework for Health Promotion (Ottawa: Health and Welfare Canada, Department of Supply and Services, 1986).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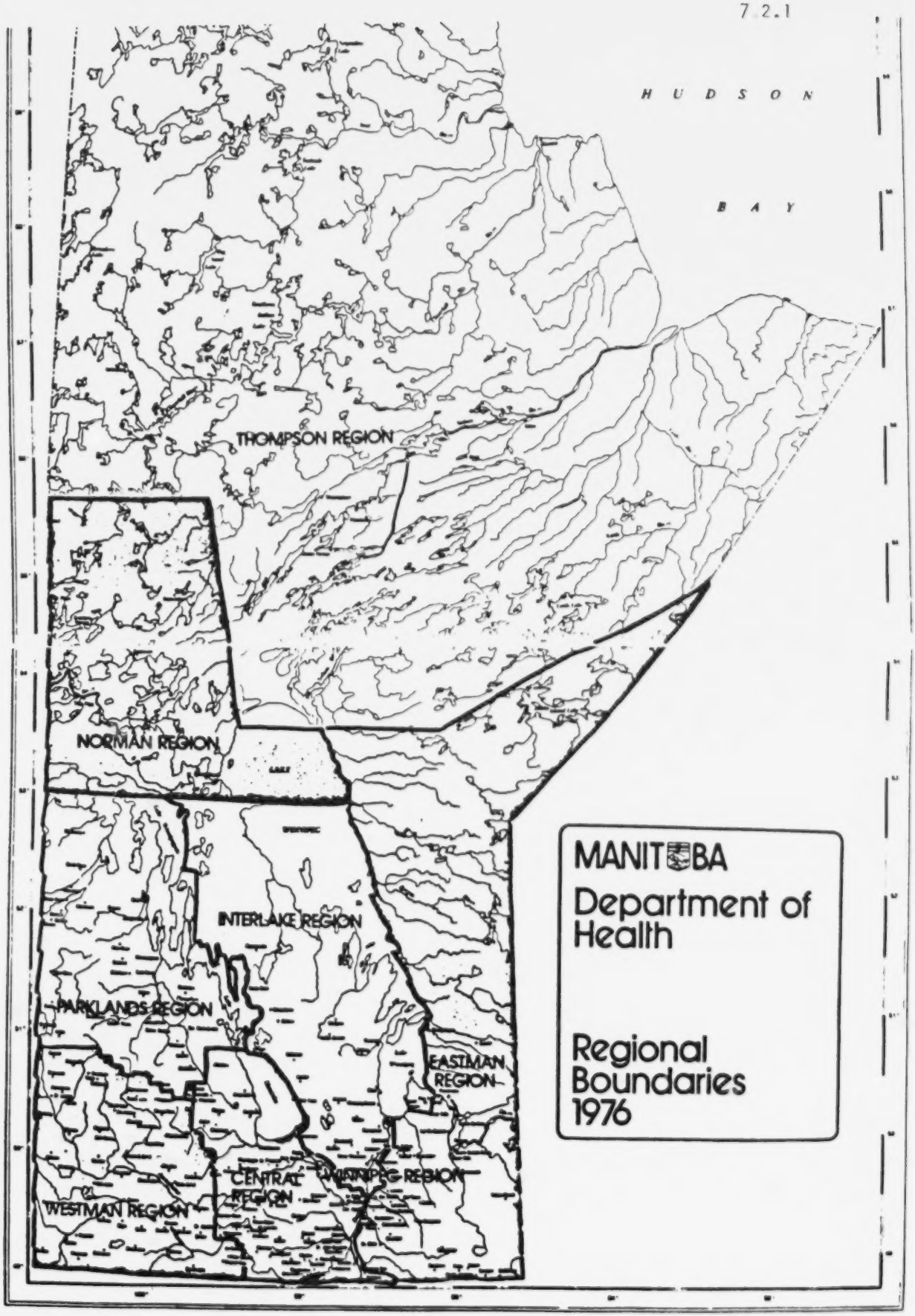
ACHIEVING HEALTH FOR ALL
HEALTH CHALLENGES
REDUCING INEQUITIES
INCREASING PREVENTION
ENHANCING COPING
HEALTH PROMOTION MECHANISMS
SELF-CARE
MUTUAL AID
HEALTHY ENVIRONMENTS
IMPLEMENTATION STRATEGIES
FOSTERING PUBLIC PARTICIPATION
STRENGTHENING COMMUNITY HEALTH SERVICES
COORDINATING HEALTHY PUBLIC POLICY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NORMAN REGION
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PARKLANDS REGION
EASTMAN REGION
CENTRAL REGION
WINNIPEG REGION
WESTMAN REGION
MANITOBA
Department of Health
Regional Boundaries 1976

7

DIRECTORY

Of National Health-Related Organizations And Associations In Canada

This directory is designed to provide readers of *Health Promotion* with an up-to-date who's who of *national* health-related organizations and associations in Canada. We invite any organization not included or incorrectly listed to write to the Editor at the address listed on the back of the directory.

Advanced Coronary Treatment Foundation of Canada
P.O. Box 6313 — Station "J"
2625 Queensview Drive
Ottawa, Ontario
K2A 3Y4
(613) 596-5850 Ext. 380

Al-Anon Family Groups (Canada)
Suite 7
2453 Yonge Street
Toronto, Ontario
M4P 2E8
(416) 486-1888

Alcohol and Drug Concerns Inc.
Suite 200
11 Progress Avenue
Scarborough, Ontario
M1P 4S7
(416) 293-3400

Alcoholics Anonymous
272 Eglinton Ave.
Toronto, Ontario
M4R 1B2
(416) 487-5591

Allergy Foundation of Canada
Box 1904
Saskatoon, Saskatchewan
S7K 3S5
(306) 664-4618

Allergy Information Association
25 Poynter Drive, Room 7
Weston, Ontario
M9R 1K8
(416) 244-9313

Alzheimer Society of Canada
491 Lawrence Avenue West
Suite 501
Toronto, Ontario
M5M 1C7
(416) 789-0503

Amytrophic Lateral Sclerosis Society of Canada
250 Rogers Road
Toronto, Ontario
M6E 1R1
(416) 656-5247

Arthritis Society
250 Bloor Street East
Suite 401
Toronto, Ontario
M4W 3P2
(416) 967-1414

Association canadienne de l'Ataxie de Friedreich
5620 C.P. Jobin Road
Saint Leonard, Quebec
H1P 1H8
(514) 321-8684

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Autism Society of Canada
21 Amber Street Unit 13
Markham Ontario
L3R 4Z3
(416) 477-7436

Big Brothers of Canada
3019 Harvester Road
Burlington Ontario
L7N 3G4
(416) 639-0461

Big Sisters of Canada
2750 Dufferin Street
Fairbank United Church
Toronto Ontario
M6B 3R4
(416) 789-7859

Boys and Girls Clubs of Canada
250 Consumers Road
Suite 505
Willowdale Ontario
M2J 4V6
(416) 494-1212

CMT International
34 B Bayview Drive
St Catharines Ontario
L2N 4Y6
(416) 937-3851

Canada Safety Council
1765 St Laurent Blvd
Ottawa Ontario
K1G 3V4
(613) 521-6881

Canadian Academy of Sport Medicine
333 River Road
Vanier Ontario
K1L 8H9
(613) 745-4866

Canadian Addictions Foundation
4254 - 93 Street
Edmonton Alberta
T6E 5P5
(403) 450-2299

Canadian Association for Community Living*
York University Campus
4700 Keele Street
Downsview Ontario
M3J 1P3
(416) 661-9611

Canadian Association for Health, Physical Education and Recreation
333 River Road
Vanier Ontario
K1L 8H9
(613) 748-5622

Canadian Association for Narcolepsy
Box 223 Station S
Toronto Ontario
M5M 4L7
(416) 782-5930

Canadian Association of the Deaf
271 Spadina Road 3rd Floor
Toronto Ontario
M5R 2V3
(416) 928-1350

* formerly Canadian Association for the Mentally Retarded

Canadian Association on Gerontology
P O Box 1859
Winnipeg Manitoba
R3C 3R1
(204) 944-9158

Canadian Association of Hospital Auxiliaries
17 York Street Suite 100
Ottawa Ontario
K1N 9J7
(613) 238-8005

Canadian Association of Occupational Therapists
110 Eglinton Avenue West
3rd Floor
Toronto Ontario
M4R 1A3
(416) 487-5404

Canadian Association of Optometrists
77 Metcalfe Street Suite 207
Ottawa Ontario
K1P 5L6
(613) 238-2006

Canadian Association of Radiologists
1440 St Catherine Street West
Suite 506
Montreal Quebec
H3G 1R8
(514) 866-2035

Canadian Association of Schools of Social Work
55 Parkdale Avenue
Ottawa Ontario
K1Y 1E5
(613) 722-2974

Canadian Association for Treatment and Study of the Family
Department of Social Work
Kings College
University of Western Ontario
266 Eppworth Avenue
London Ontario
M6A 2M3
(519) 433-3491 Ext 339

Canadian Cancer Society
77 Bloor Street West
Suite 1702
Toronto Ontario
M5S 3A1
(416) 961-7223

Canadian Cardiovascular Society
360 Victoria Avenue
Suite 401
Westmmount Quebec
H3Z 2N4
(514) 482-3407

Canadian Celiac Association
1087 Meyerside Drive
Suite 5
Mississauga Ontario
L5T 1M5
(416) 673-8200

Canadian Cerebral Palsy Association
55 Bloor Street East
Suite 301
Toronto Ontario
M4W 1A9
(416) 923-2932

Canadian Chiropractic Association
290 Lawrence Avenue West
Toronto Ontario
M5M 1B3
(416) 781-5656

Canadian Cleft Lip and Palate Family Asscciation
170 Elizabeth Street
Suite 649
Toronto Ontario
M5G 1E8
(416) 598-2311

Canadian College of Health Record Administrators
Canadian Health Record Association
1185 Elginton Avenue West
Suite 301
Don Mills Ontario
M3C 3C6
(416) 429-5835

Canadian College of Health Service Executives
17 York Street
Suite 201
Ottawa Ontario
K1N 5S7
(613) 235-7218

Canadian Co-ordinating Council on Deafness
294 Albert Street
Suite 201
Ottawa Ontario
K1P 6E6
(613) 232-2611

Canadian Council of the Blind
220 Dundas Street
Suite 610
London Ontario
N6A 1H3
(519) 433-3946

Canadian Council on Children and Youth
2211 Riverside Drive
Suite 11
Ottawa Ontario
K1H 7X5
(613) 738-0200

Canadian Council on Rehabilitation and Work
209-93 Lombard Avenue
Winnipeg Manitoba
R3B 3B1
(204) 942-4862

Canadian Council on Smoking and Health
725 Churchill Avenue
Ottawa Ontario
K1Z 5G7
(613) 722-3419

Canadian Council on Social Development
55 Parkdale Avenue
Box 3505 Station C
Ottawa Ontario
K1Y 4G1
(613) 728-1865

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Canadian Cultural Society of the Deaf Inc.
360 Cumberland Avenue
Suite 1503
Winnipeg, Manitoba
R3B 1T4
(204) 943-7977

Canadian Cystic Fibrosis Foundation
586 Eglinton Avenue East
Suite 204
Toronto, Ontario
M4P 1P2
(416) 485-9149

Canadian Deaf-Blind and Rubella Association
P.O. Box 1625
Meaford, Ontario
N0H 1R0
(519) 538-3431

Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6
(613) 523-1770

Canadian Dental Hygienists' Association
1320 Carling Avenue
Ottawa, Ontario
K1Z 7K9
(613) 728-8730

Canadian Diabetes Association
78 Bond Street
Toronto, Ontario
M5B 2J8
(416) 362-4440

Canadian Dietetic Association
385 Yonge Street
Suite 304
Toronto, Ontario
M5B 1S1
(416) 596-0857

Canadian Fertility Research Association
2065 Alexandre de Seve Road
Suite 409
Montreal, Quebec
H2L 2W5
(514) 524-9009

Canadian Fire Safety Association
2175 Sheppard Avenue East
Suite 110
Willowdale, Ontario
M2J 1W8
(416) 492-9417

Canadian Fitness and Lifestyle Research Institute
294 Albert Street
Suite 506
Ottawa, Ontario
K1P 6E6
(613) 236-0173

Canadian Foundation for Ileitis and Colitis
387 Bloor Street East
Suite 402
Toronto, Ontario
M4W 1H7
(416) 920-5035

Canadian Foundation for the Study of Infant Deaths
Box 190, Station "R"
Toronto, Ontario
M4G 3Z9
(416) 488-3260

Canadian Friends of Schizophrenics
95 Barber Greene Road
Suite 309
Don Mills, Ontario
M3C 3E9
(416) 445-8204

Canadian Geriatrics Research Society
351 Christie Street
Toronto, Ontario
M6G 3C3
(416) 537-6000

Canadian Hard of Hearing Association
2125 West 7th Avenue
Vancouver, British Columbia
V6K 1X9
(604) 731-8010

Canadian Health Education Society
P.O. Box 2305, Station "D"
Ottawa, Ontario
K1P 5W5
(613) 658-5726

Canadian Hearing Society
60 Bedford Road
Toronto, Ontario
M5R 2K2
(416) 964-9595
(416) 964-2066 (TDD)

Canadian Heart Foundation
1 Nicholas Street
Suite 1200
Ottawa, Ontario
K1N 7B7
(613) 237-4361

Canadian Hemophilia Society
100 King Street West
Suite 210
Hamilton, Ontario
L8P 1A2
(416) 523-6414

Canadian Hospital Association
17 York Street
Suite 100
Ottawa, Ontario
K1N 9J6
(613) 238-8005

Canadian Institute of Child Health
17 York Street
Suite 202
Ottawa, Ontario
K1N 5S7
(613) 238-8425

Canadian Institute of Public Health Inspectors
1975 Caribou Court
Sudbury, Ontario
P3A 4W6

Canadian Liver Foundation
42 Charles Street East
Suite 510
Toronto, Ontario
M4Y 1T4
(416) 964-1953

Canadian Long Term Care Association
135 York Street
Suite 204
Ottawa, Ontario
K1N 5T4
(613) 237-9837

Canadian Lung Association
75 Albert Street
Suite 908
Ottawa, Ontario
K1P 5E7
(613) 237-1208

Canadian Medic-Alert Foundation
293 Eglinton Avenue East
Toronto, Ontario
M4P 2Z8
(416) 481-5175

Canadian Medical Association
1867 Alta Vista Drive
Ottawa, Ontario
K1G 0G8
(613) 731-9331

Canadian Mental Health Association
2160 Yonge Street
Toronto, Ontario
M4S 2Z3
(416) 484-7750

Canadian Mothercraft Society
32 Heath Street West
Toronto, Ontario
M4V 1T3
(416) 920-3515

Canadian National Institute for the Blind
1931 Bayview Avenue
Toronto, Ontario
M4G 4C8
(416) 480-7580

Canadian Neurological Coalition
c/o Banting Institute
100 College Street
Suite 126
Toronto, Ontario
M5G 1L5
(416) 596-7043

Canadian Nurses' Association
50 The Driveway
Ottawa, Ontario
K2P 1E2
(613) 237-2133

Canadian Orthopaedic Association
117 St. Catherine Street West
Suite 225
Montreal, Quebec
H3B 1H9
(514) 844-9818

Canadian Osteopathic Association
575 Waterloo Street
London, Ontario
N6B 2R2
(519) 439-5521

Canadian Paediatric Society
c/o Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa, Ontario
K1H 8L1
(613) 737-2728

Canadian Paraplegic Association
520 Sutherland Drive, 2nd Floor
Toronto, Ontario
M4G 3V9
(416) 422-5640

Canadian Pharmaceutical Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3V6
(613) 523-7877

Canadian Psoriasis Foundation
P.O. Box 5036, Armdale
Halifax, Nova Scotia
B3L 4M6
(902) 443-5006

Canadian Psychiatric Association
225 Lisgar Street
Suite 103
Ottawa, Ontario
K2P 0C6
(613) 234-2815

Canadian Psychiatric Research Foundation
220 Yonge Street
Suite 206
P.O. Box 607
Toronto, Ontario
M5B 2H1
(416) 591-9299

Canadian Public Health Association
1335 Carling Avenue
Suite 210
Ottawa, Ontario
K1Z 8N8
(613) 725-3769

Canadian Red Cross Society
95 Wellesley Street East
Toronto, Ontario
M4Y 1H6
(416) 923-6692

Canadian Rehabilitation Council for the Disabled
One Yonge Street
Suite 2110
Toronto, Ontario
M5E 1E5
(416) 862-0340

Canadian Schizophrenia Foundation
2229 Broad Street
Regina, Saskatchewan
S4P 1Y7
(306) 757-7969
(306) 757-6065

Canadian Sickle Cell Society
1076 Bathurst Street
Suite 305
Toronto, Ontario
M5R 3G9
(416) 537-3475

Canadian Society for the Prevention of Cruelty to Children
246 King Street, Box 700
Midland, Ontario
L4R 4P4
(705) 526-5647

Canadian Stroke Recovery Association
170 The Donway West
Suite 122A
Don Mills, Ontario
M3C 2G3
(416) 446-1580

Canadians for Health Research
P.O. Box 126
Westmount, Quebec
H3Z 2T1
(514) 392-4864

Catholic Health Association of Canada
312 Daly Avenue
Ottawa, Ontario
K1N 6G7
(613) 238-8471

Children's Broadcast Institute
234 Eglinton Avenue East
Suite 405
Toronto, Ontario
M4P 1K5
(416) 482-0321

College of Family Physicians of Canada
4000 Leslie Street
Willowdale, Ontario
M2K 2R9
(416) 493-7513

Council on Drug Abuse
698 Westin Road
Suite 17
Toronto, Ontario
M6N 3R3
(416) 763-1491

Deaf Canadians Readers' Association
P.O. Box 1291
Edmonton, Alberta
T5J 2M8
(403) 462-3323

DES Action Canada
Snowdon, P.O. Box 233
Montreal, Quebec
H3X 3T4
(514) 482-3204

Epilepsy Canada
2099 Alexandre de Seve Road, #27
P.O. Box 1560, Station "C"
Montreal, Quebec
H2L 4K8
(514) 876-7455

Family Service Canada
55 Parkdale Avenue
Ottawa, Ontario
K1Y 4G1
(613) 728-2463

Federation of Medical Women of Canada
1815 Alta Vista Drive
Suite 201A
Ottawa, Ontario
K1G 3Y6
(613) 731-1026

Health League of Canada
1560 Bayview Avenue
Suite 304
Toronto, Ontario
M4G 3B9
(416) 486-6023

Huntington Society of Canada
13 Water Street North
Suite 3
P.O. Box 333
Cambridge, Ontario
N1R 5T8
(519) 622-1002

International Social Service Canada
55 Parkdale Avenue
P.O. Box 3505, Station "C"
Ottawa, Ontario
K1Y 4G1
(613) 728-1865

Juvenile Diabetes Foundation
201-4632 Yonge Street
Willowdale, Ontario
M2N 5M1
(416) 224-2633

Kidney Foundation of Canada
4060 St. Catherine Street West
Suite 555
Montreal, Quebec
H3Z 2Z3
(514) 934-4806

La Leche League in Canada
P.O. Box 70
Williamsburg, Ontario
K0C 2H0

Learning Disabilities Association of Canada
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 238-5721

Multicultural Health Coalition
1017 Wilson Avenue
Suite 407
Downsview, Ontario
M3K 1Z1
(416) 630-8835

Multiple Sclerosis Society of Canada
250 Bloor Street East
Suite 820
Toronto, Ontario
M4W 3P9
(416) 922-6065

Muscular Dystrophy Association of Canada
150 Eglinton Avenue East
Suite 400
Toronto, Ontario
M4P 1E8
(416) 488-0030

National Anti-Poverty Organization
456 Rideau Street
Ottawa, Ontario
K1N 5Z4
(613) 234-3332

National Eating Disorder Information Centre
1560 Bayview Drive
Suite 203
Toronto, Ontario
M4G 3B8
(416) 483-5219

National Institute of Nutrition
1335 Carling Avenue
Ottawa, Ontario
K1Z 8N8
(613) 725-1889

Non-Smokers' Rights Association
344 Bloor Street West
Suite 308
Toronto, Ontario
M5S 1W9
(416) 928-2900

One Parent Families Association of Canada
6979 Yonge Street
Suite 203
Willowdale, Ontario
M2M 3X9
(416) 226-0062

Osteoporosis Society of Canada
76 St. Clair Avenue West
Suite 502
Toronto, Ontario
M4V 1N2
(416) 922-1358

Palliative Care Foundation
3 Prince Arthur Avenue
Toronto, Ontario
M5R 1B2
(416) 922-1281

Parkinson Foundation of Canada
55 Bloor Street West
Suite 232
Toronto, Ontario
M4W 1H6
(416) 964-1155

Participaction
40 Dundas Street West
Suite 220
Toronto, Ontario
M5G 2C2
(416) 977-7467

Planned Parenthood Federation of Canada
3rd Floor
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 238-4474

Prader-Willi Syndrome Association
Group 23, Box 9
Dryden, Ontario
P8N 2Y5
(807) 937-5475

Pride-Canada
(Parent Resources Institute for Drug Education)
Thorvaldson Building, Suite 110
College of Pharmacy
University of Saskatchewan
Saskatoon, Saskatchewan
S7N 0W0
(306) 343-1100

Reye's Syndrome Foundation of Canada
Children's Hospital of Western Ontario
Department of Paediatrics
800 Commissioners Road East
London, Ontario
N6A 4G5
(519) 685-8137

Serena Canada
151 Holland Avenue
Ottawa, Ontario
K1Y 0Y2
(613) 728-6536

St. John Ambulance
312 Laurier Ave. East
Ottawa, Ontario
K1N 6P6
(613) 236-7461

Spina Bifida Association of Canada
633 Wellington Crescent
Winnipeg, Manitoba
R3M 0A8
(204) 452-7580
(204) 563-5582

Thyroid Foundation of Canada
P.O. Box 1643
Kingston, Ontario
K7L 5C8
(613) 542-8330

Tourette Syndrome Foundation of Canada
173 Owen Boulevard
Willowdale, Ontario
M2P 1G8
(416) 449-4842

Traffic Injury Research Foundation of Canada
171 Nepean Street
6th Floor
Ottawa, Ontario
K2P 0B4
(613) 238-5235

Transplant International
339 Windermere Road
London, Ontario
N6A 5A5
(519) 663-3300

Turner's Syndrome Society
Administrative Studies Building
York University
4700 Keele Street
Downsview, Ontario
M3J 1P3
(416) 736-5023

United Way/Centraide Canada
150 Kent Street
Suite 310
Ottawa, Ontario
K1P 5P4
(613) 236-7041

Vanier Institute of the Family
120 Holland Avenue
3rd Floor
Ottawa, Ontario
K1Y 0X6
(613) 722-4007

Victorian Order of Nurses for Canada
5 Blackburn Avenue
Ottawa, Ontario
K1N 8A2
(613) 233-5694

World Food Day Association of Canada
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 233-9002

YMCA Canada
2160 Yonge Street
2nd Floor
Toronto, Ontario
M4S 2A9
(416) 485-9447

YWCA Canada
80 Gerrard Street East
Toronto, Ontario
M5B 1G6
(416) 593-9886

Memo from the Editors . . .

This is the second annual edition of our special directory. We hope it will save you time and energy, and make it easier for you to reach your colleagues in organizations and associations across the country. Periodic updates of the directory will appear in the magazine as we are notified of additions and/or amendments.

The editors are constantly on the lookout for news about national campaigns, resources and publications, special programs and projects, and major conferences, annual meetings and other events of interest. We would be happy to hear from you about your organization's activities. Please bear in mind that material intended for publication must reach us three full months before January 1, April 1, July 1 or October 1, as appropriate.

Send correspondence to the Editor, *Health Promotion*, Health Promotion Directorate, Health and Welfare Canada, Ottawa, Ontario K1A 1B4. Kay Rawlings, the Editor may be reached at (613) 954-8842 and Elizabeth Rajkumar, the Assistant Editor, may be reached at (613) 238-4184.

Directory update

Since the publication of our National Health Organizations Directory in the Fall 1986 issue of *Health Promotion*, we have learned of the existence of a number of new organizations. There have also been some changes of address. We hope the following update to the directory will help you make and maintain contact with colleagues in health-related organizations and associations across the country. We encourage any national organization not included or incorrectly listed, either in the directory or in the supplement, to let us know as soon as possible.

Al-Anon Family Groups (Canada)
National Public Information Committee
P.O. Box 6433, Station J
Ottawa, Ontario
K2A 3Y6
(613) 722-1830

Canadian AIDS Society
10233-98th Street
Edmonton, Alberta
T5J 0M7
(403) 424-4767

Canadian Association for Ileitis and Colitis
Suite 301
21 St. Clair Avenue E.
Toronto, Ontario
M4T 1L9

Canadian Association for the Children of Alcoholics
P.O. Box 159, Station H
Toronto, Ontario
M4C 5H9
(416) 595-6035

Canadian Association of Practical and Nursing Assistants
13029-95 Street
Edmonton, Alberta
T5E 3Y2

Canadian Cerebral Palsy Association
40 Dundas Street West
Suite 222
P.O. Box 110
Toronto, Ontario
M5G 2C2
(416) 979-7923

Canadian Coalition for High Blood Pressure Prevention and Control
c/o Faculty of Medicine
Memorial University of Newfoundland
St. John's, Newfoundland
A1B 3V6
(709) 737-6791

Canadian Coalition on Depo Provera
c/o Winnipeg Women's Health Clinic
304-414 Graham Ave.
Winnipeg, Manitoba
R3C 0L8
(204) 947-1517

Canadian Co-ordinating Council on Deafness
Suite 203
116 Lisgar Street
Ottawa, Ontario
K2P 0C2
(613) 232-2611

Canadian Dermatology Foundation
855 West 10th Avenue
Vancouver, British Columbia
V5Z 1L7
(604) 872-1721

Canadian Dietetic Association
480 University Avenue
Suite 604
Toronto, Ontario
M5G 1V2
(416) 596-0857

Canadian Fitness and Lifestyle
Research Institute
47 Clarence Street
Suite 200
Ottawa, Ontario
K1N 9K1
(613) 236-0173

Canadian Hypertension Society
c/o Dr. R.B. Haynes, Secretary
Health Sciences Centre
McMaster University
Room 3V43
1200 Main Street West
Hamilton, Ontario
L8N 3Z5
(416) 525-9140, ext. 2311

Canadian Institute of Public Health Inspectors
P.O. Box 5376, Station F
Ottawa, Ontario
K2C 3J1
(613) 725-1339

Canadian Pharmaceutical Association
1785 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6
(613) 523-7877

Canadian Physiotherapy Association
Suite 201
44 Eglinton Ave. W.
Toronto, Ontario
M4R 1A1

Canadian Psoriasis Foundation
P.O. Box 5036, Armdale
Halifax, Nova Scotia
B3L 4M6
(902) 443-5006

Canadian Psychological Association
Vincent Road
Old Chelsea, Quebec
J0X 2N0
(819) 827-3927

Canadian Red Cross Society
1800 Alta Vista Drive
Ottawa, Ontario
K1G 4J5
(613) 737-5421

Canadian Sickle Cell Society
1801 Eglinton Avenue W.
Suite 204A
Toronto, Ontario
M6E 2H8
(416) 789-7615

CMT (Charcot-Marie Tooth) International
34-B Bayview Drive
St. Catharines, Ontario
L2N 4Y6
(416) 937-3851

DisAbled Women's Network
122 Galt Avenue
Toronto, Ontario
M4M 2Z3
(416) 694-8888

National Eating Disorder Information Centre
Toronto General Hospital
200 Elizabeth Street
College Wing 2-332
Toronto, Ontario
M5G 2C4
(416) 595-4156

Prader-Willi Syndrome Association
(Association of Central Canada)
R.R. #3, Richan Road
Dryden, Ontario
P8N 3G2
(807) 937-5475

Physicians for a Smoke-Free Canada
Box 4849, Station E
Ottawa, Ontario
K1S 5J1

Women's Health Interaction
58 Arthur Street
Ottawa, Ontario
K1R 7B9
(613) 563-4801

World Food Day Association of Canada
255 Argyle Avenue
Ottawa, Ontario
K2P 1B8
(613) 233-9002

13

THE SEVEN STEPS TO HEALTH

1. HAVE A MEDICAL AND DENTAL CHECK-UP.

2. WATCH FOR ANY CHANGE IN YOUR NORMAL STATE OF HEALTH.

3. FIND OUT ABOUT ANY LUMP OR SORE THAT DOES NOT HEAL.

4. PROTECT YOURSELF AGAINST TOO MUCH SUNLIGHT.

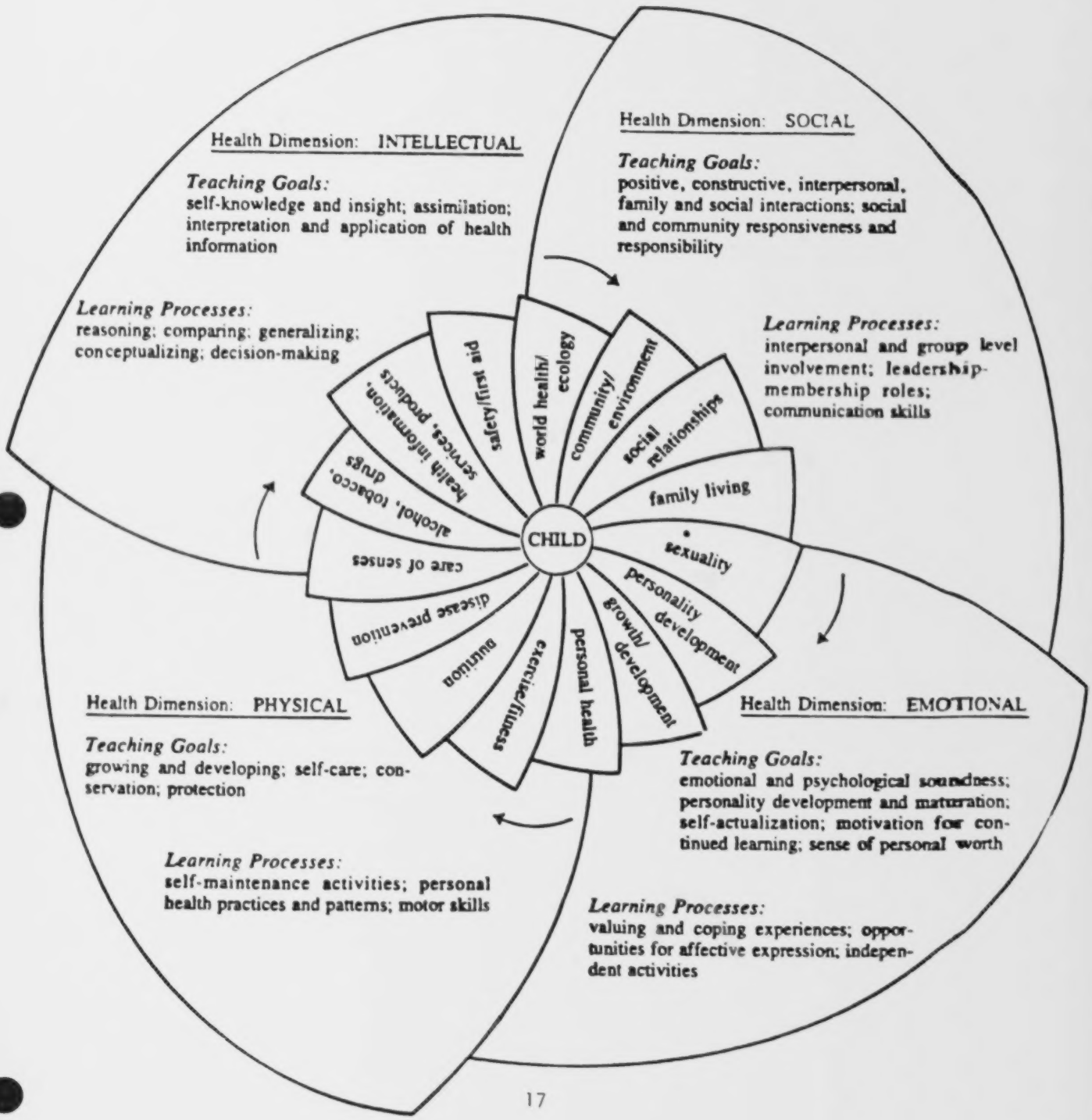
5. DO NOT SMOKE.

6. HAVE A PAP TEST.

7. DO A MONTHLY BREAST SELF-EXAMINATION.

Source: Canadian Cancer Society

MAJOR DIMENSIONS OF HEALTH



TEACHER BACKGROUND NOTES: LIFESTYLE

Lifestyle is a unique pattern of one's daily activities of life. Many categories represent an individual's total lifestyle.

A lifestyle approach to health education is one that depends on individuals taking responsibility for healthful living and identifying, selecting, practicing and evaluating healthful behaviour that are conducive to total health (intellectual, physical, emotional and social). Refer to the K-9 Health Education Overview, pp. 4-5.

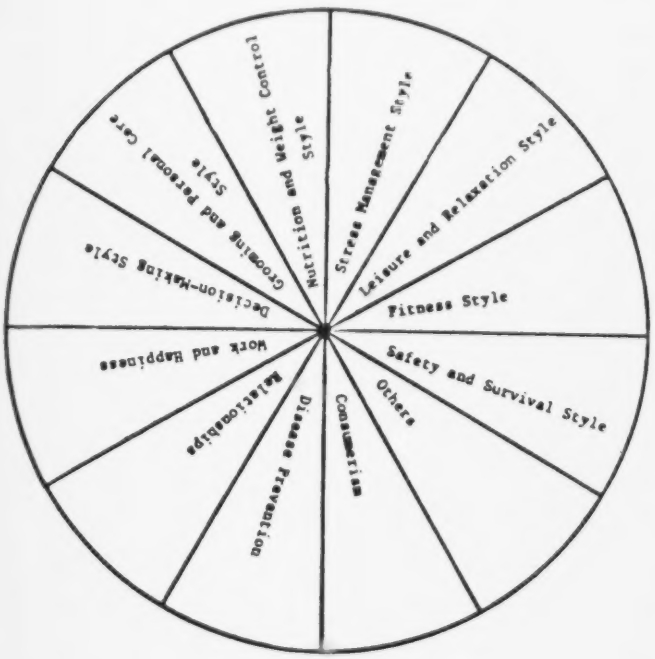
Lifestyle Patterns

Health education is concerned with bridging the gap between health knowledge, attitudes and health practices.

If one were to record and categorize one's activities for a period of time, the categories would represent components of one's total lifestyle.

Each style of pattern includes skills, patterned responses and habits, knowledge and attitudes that characterize a particular style of living. Some lifestyles contain health practices that may be constructive and promote quality health. Others may include risk factors that are not conducive to health. The curriculum is directed toward promoting positive lifestyle education that, in turn, promotes quality health.

LIFESTYLE PATTERNS



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TEACHER BACKGROUND NOTES: WELL-BEING

There are many definitions of well-being or health. One way to try to grasp the meaning of such an abstract concept is to examine its major dimensions. Well-being can be identified as an individual's quality of life in major areas such as the physical, social, emotional, intellectual, spiritual and cultural. They are part of a whole, are interdependent, and contribute to a qualitative lifestyle. Each expresses a distinct dimension of well-being.

1. Physical (maintenance of body processes)

   Examples:
   - efficient functioning of body systems and organs
   - ability to resist diseases
   - self care

2. Emotional (feelings, thoughts, identity)

   Examples:
   - coping successfully with stress
   - being flexible in social situations
   - feeling worthwhile
   - being content and happy

3. Social (relationships to others)

   Examples:
   - dealing with others with sensitivity, honesty, respect, loyalty
   - having moral standards of conduct
   - communicating appropriately with others
   - having close friends, making new friends
   - behaving in socially acceptable ways
   - feeling responsible for self and others

4. Spiritual (aspirations, ideals, beliefs)

   Examples:
   - having a purpose in life
   - having values, morals, beliefs
   - being able to set goals
   - having courage and creativity
   - appreciating aesthetics

5. Cultural (community identity)

   Examples:
   - taking responsible action in the community
   - attending cultural affairs
   - being a public servant

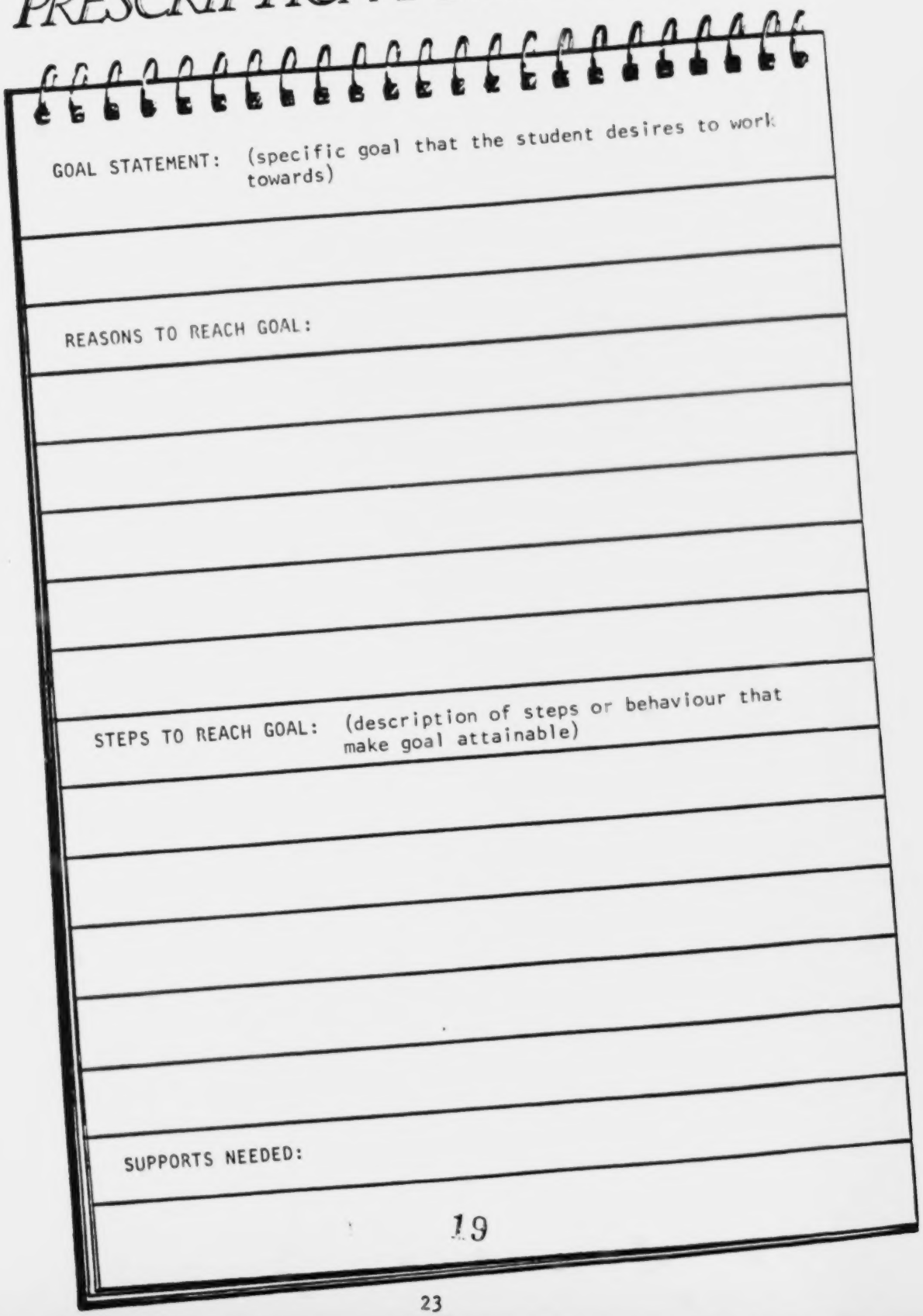
6. Intellectual (thoughts and ability to think)

Examples:
- acquiring knowledge, positive attitudes and health skills
- formulating health goals
- interpreting health information
- applying health information

The environment (physical, social and cultural) and lifestyle (health behaviour) are two of the most influential factors in determining the quality of one's well-being or health. Health is the sense of balance we attain resulting from interaction within our environment.

Because health is largely determined by our cultural environment, we as teachers can assist children by making the school a cultural environment that reinforces well-being.

PRESCRIPTION FOR LIFESTYLE



GOAL STATEMENT: (specific goal that the student desires to work towards)

REASONS TO REACH GOAL:

STEPS TO REACH GOAL: (description of steps or behaviour that make goal attainable)

SUPPORTS NEEDED:

19

PRESCRIPTION FOR LIFESTYLE

PROGRESS NOTES: (how to evaluate the plan)

SUMMARY:

20

TEACHING ABOUT AIDS

GRADE 7

Manitoba
Education

ACKNOWLEDGEMENTS

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INTRODUCTION: AIDS INFORMATION

This document is the Community Health Teaching Support for Grade 7 which includes teacher and student background notes and student activities. School divisions may wish to examine the AIDS materials at each of grades 7, 8 and 9 to select the most appropriate material to use with each grade.

The prime responsibility for education about issues of sexuality, including AIDS, rests with the family. Parents provide love and nurturing which are the foundations of many future values and attitudes concerning sexuality. Family living is strengthened by parents who take an active role in communicating with their children. It is clear to parents and teachers that young people must have information, guidance and support if they are to make wise decisions. The facts of AIDS are frightening; yet, each student has the ability to avoid exposure to this disease.

Teenagers are capable of making wise choices. Parents, teachers and friends can help in the process by sharing information both about the disease and family values in regard to it and also by providing support. A health-promotion focus is particularly useful in instruction about AIDS because it emphasizes the whole individual and the general influence of lifestyle on social, emotional, physical, intellectual, cultural and spiritual well-being. This focus, with its emphasis on self-responsibility and sound decision making, provides a means to reach the ultimate goal of preventing AIDS through education and social action.

Teachers should exercise taste, discretion, and sensitivity in dealing with this topic. It is hoped that the suggested teaching strategies contained in this resource will be of assistance to teachers in planning lessons on AIDS that will meet the needs and interests of students. The focus is on information sharing at grade 7; values, peer pressure, and decision making at grade 8, and the influence of the media at grade 9. The strategies are intended to help students to act on their knowledge and to make positive decisions about their health. The responsibility for the selection of teaching ideas remains at the school level. Modification of the suggestions may be made to suit the needs and interests of students and community members.*

Information about the disease AIDS is based on information available as of of November, 1987.

*Information contained in the package has been drawn from Education About AIDS, prepared by the Ontario Ministry of Education in September 1987. Used with permission.

Resources to Support the Curriculum

AIDS Education - 7-9 (videorecording)
1 videorecording (60 min.) sd. col.
SUMMARY: This tape consists of three programs, "The Immune System and AIDS," "AIDS: What Every Kid Should Know" and "Your Biological Guide to AIDS." It is recommended for use in grades 7 to 9 by the Curriculum Development and Implementation Branch, Manitoba Education.
Audience Level: Grades 7-9
Availability: January, 1988.

AIDS EDUCATION LESSON

GRADE 7	5.0 A Serious Health Problem: AIDS and Human Immunodeficiency Virus Infection

TOPIC: AIDS and HIV Infection

STUDENT OBJECTIVES:

The student should be able to:

1. describe the normal functioning of the body's immune system,
2. recognize the way in which the Human Immunodeficiency Virus (HIV) affects the immune system,
3. know the cause, nature, methods of transmission, and prevention of AIDS and HIV infection.

SUGGESTED STUDENT ACTIVITIES:

- Read and discuss a case study about the kind of life an individual without an immune system can lead.
- Read and discuss the normal functioning of the body's immune system.
- Participate in a lecture/presentation on the effects of HIV on the immune system.
- Participate in a lecture/discussion about the cause, nature and prevention of HIV infections and AIDS.

RESOURCES:

1. Teaching Supports, 7.5.1, "Teacher and Student Background Notes: The Immune System" (Education About AIDS, Ontario Ministry of Education, September 1987).
2. Teaching Supports, 7.5.1, "Teacher Background Notes: The Immune System."
3. Teaching Supports, 7.5.2, "Teacher Background Notes: Some Questions and Answers About AIDS" (Education About AIDS, Ontario Ministry of Education, September 1987).
4. Teaching Supports, 7.5.3, "Student Background Notes: AIDS and HIV Infection."
5. Teaching Supports, 7.5.3, "Teacher and Student Background Notes: Spectrum of AIDS" (Education About AIDS, Ontario Ministry of Education, September 1987).
6. Teaching Supports, 7.5.3, "Teacher Background Notes: AIDS in Canada: What You Should Know" (Minister of National Health and Welfare).
7. Teaching Supports, 7.5.3, "Student Activity: AIDS Facts and Fallacies Quiz" (Education About AIDS, Ontario Ministry of Education, September 1987).
8. Teaching Supports, 7.5.3, "Case Study."
9. Videotape (Junior High Series).

DESCRIPTION OF LESSON

I. INTRODUCTION

Using the case study, "Failure of the Immune System," introduce the role of the immune system in the body. A class discussion based on the questions and answers related to the immune system can be initiated to focus on the way in which HIV affects the immune system.

II. SUGGESTED STUDENT ACTIVITIES

A. Using a combination of a videotape presentation, lecture and/or discussion, present information about:

- causative organism,
- stages of disease: incubation, carrier, ARC and AIDS with its opportunistic diseases (skin cancer, pneumonia, brain infection),
- methods of transmission,
- preventive measures.

B. Administer the quiz to determine general knowledge of AIDS and AIDS-related virus activity. Discuss the answers.

C. Discuss the case study, "Maintaining Good Health."

D. Have students assemble a file of information from newspapers, magazines, pamphlets, etc., on AIDS which can be a resource to the class.

III. SUMMARY

Reinforce the idea that AIDS infection is preventable if individuals know how the disease is caused and abstain from behavior which might put them at risk.

TEACHER AND STUDENT BACKGROUND NOTES: THE IMMUNE SYSTEM

Strategy: Case Study Approach

Some children are born without an immune system. This condition is called Severe Combined Immune Deficiency Syndrome (SCIDS). AIDS patients acquire immune deficiency. Case study 1 provides an introduction to the importance of the immune system in relation to AIDS.

The Immune System

A few children have been born without an immune system. David, from Texas, was one such boy. David lived his life in a series of plastic bubbles because his body could not fight off any germs. His body lacked an immune system. He breathed filtered air and ate sterilized food. There were many kinds of foods that he could not eat. He was protected from all germs. He never got sick, but he was never able to be touched by another human being, even his mother and father. He could not pat a puppy or touch the ordinary things in his home that he could see through his plastic bubble. He was never able to play games, to go to school--to be a normal child. When he reached the age of twelve, his family and medical doctor decided to take the risk and to let David be a normal child outside his bubble. He was given bone-marrow transplants to build up his immune system. Tragically, David became infected with a virus that caused cancer, B-cell lymphoma, and he died four months later. Life is impossible without an immune system, but a person can live with a damaged immune system.

Suggested Questions and Answers

1. How does the body's immune system normally work?

   Ask students if they remember reading about David, who was known as "the boy in the bubble." David provided doctors with new insight into the functioning of the immune system. David had no helper T-cells and only a few B-cells, which are the cells that produce antibodies.

   Scientists today know much about the complex details of how the immune system works and how the healthy body fights off invading bacteria, viruses, parasites, and other organisms.

   White blood cells make up the key parts of the body's immune system; these cells include B-cells, helper T-cells, and macrophages. Each organism that invades the body has its own unique identification, called an antigen. The B-cells manufacture antibodies that bind to the antigens of the invader and trigger the immune system. The helper T-cells give

Source: Education About AIDS, Ontario Ministry of Education, September 1987, Part C, pp. 23-24. Used with permission.

chemical directions to the macrophages to track down the germs and destroy them. When the body's immune system works properly, germs are killed in the body before they make the person sick. The antibodies stop the growth of disease. When the "battle" is over, other T-cells, called suppressor T-cells, stop the B-cells from producing antibodies, and the cycle is complete.

2. Can a healthy immune system be disabled?

Yes. Under normal conditions, the helper T-cells stimulate B-cells to make antibodies whenever disease organisms enter the body. Bacteria and viruses that invade the immune system attempt to halt this process. When HIV enters the body, for example, it takes over the helper T-cells. Now, instead of helping the body, the helper T-cells produce more virus, which in turn takes over more helper T-cells. Since the body needs these helper T-cells to fight off infection, the damage to the immune system is mainly the result of the destruction of the helper T-cells when the body is infected with HIV. Lack of sanitation and a multitude of other infections can contribute to a depressed immune system.

3. What happens to a person when the immune system is disabled?

When the immune system is disabled, it cannot cope with organisms that occur commonly in the environment and often live harmlessly within the body. When these organisms take advantage of the depressed immunity to cause disease, the resulting infections are called opportunistic infections. Examples of such infections associated with AIDS and HIV infection are Pneumocystis carinii pneumonia, unusual forms of tuberculosis, and a cancer called Kaposi's sarcoma. Eventually infections occur that are not curable. Most AIDS-related deaths result from the diseases that develop because of a severely damaged immune system.

4. What health habits promote a healthy immune system?

Sufficient sleep, good nutrition, exercise, and the avoidance of non-medical drugs are essential to a healthy immune system.

Stress management is also important. The immune system is linked to the brain and is therefore vulnerable to psychological stress. Research has suggested that stressful mental states weaken the immune system's capability to withstand disease.

TEACHER BACKGROUND NOTES: THE IMMUNE SYSTEM

Immunity

Immunity, when applied to health, refers to your body's ability to fight off disease.

First Line of Defence (Mechanical Defence)

The first line of defence includes unbroken skin, mucous membrane, tiny hairs/cilia, earwax, and tears. This line serves primarily as a shield against antigens (e.g., viruses).

Second Line of Defence: The Immune System (Biochemical and Cellular Defences)

The immune system includes phagocytes (eating cells): leucocytes (white blood cells), and macrophages. The body mobilizes the second line of defence if an antigen enters the body. The battle makes the infected areas sore and tender. Pus (destroyed cells and antigens) may accumulate, and move to the lymph nodes.

Third Line of Defence (Acquired Defences) (Another part of the immune system)

The third line of defence is composed of antibodies. The presence of an antigen stimulates the body to acquire (develop) antibodies. These antibodies then seek and destroy the antigen.

Some antibodies remain in the blood after the battle, providing immunity from future attacks by the same antigen. For this reason, a person who has had mumps or measles is unlikely to have that disease again. The body has acquired immunity from these diseases.

Natural Active Acquired Immunity

Natural, active, acquired immunity occurs when a body forms antibodies that will:

a) seek and destroy an antigen;
b) remain in the body, protecting the body from future attack by the same antigen.

Artificial Active Acquired Immunity

Artificial, active, acquired immunity occurs when a body is stimulated by a vaccine to produce antibodies.

Vaccination (also known as immunization, inoculation) is a treatment in which the body receives a modified strain of disease. The body is stimulated by this dose and produces antibodies that will remain in the blood, protecting the body from future attacks by the disease-causing antigen.

Artificial Passive Acquired Immunity

Artificial, passive, acquired immunity occurs when the body receives an injection of antibodies that will protect the body from an attack by a specific antigen. This is a short-term immunity providing protection until the body can actively acquire (develop) its own immunity to the antigen.

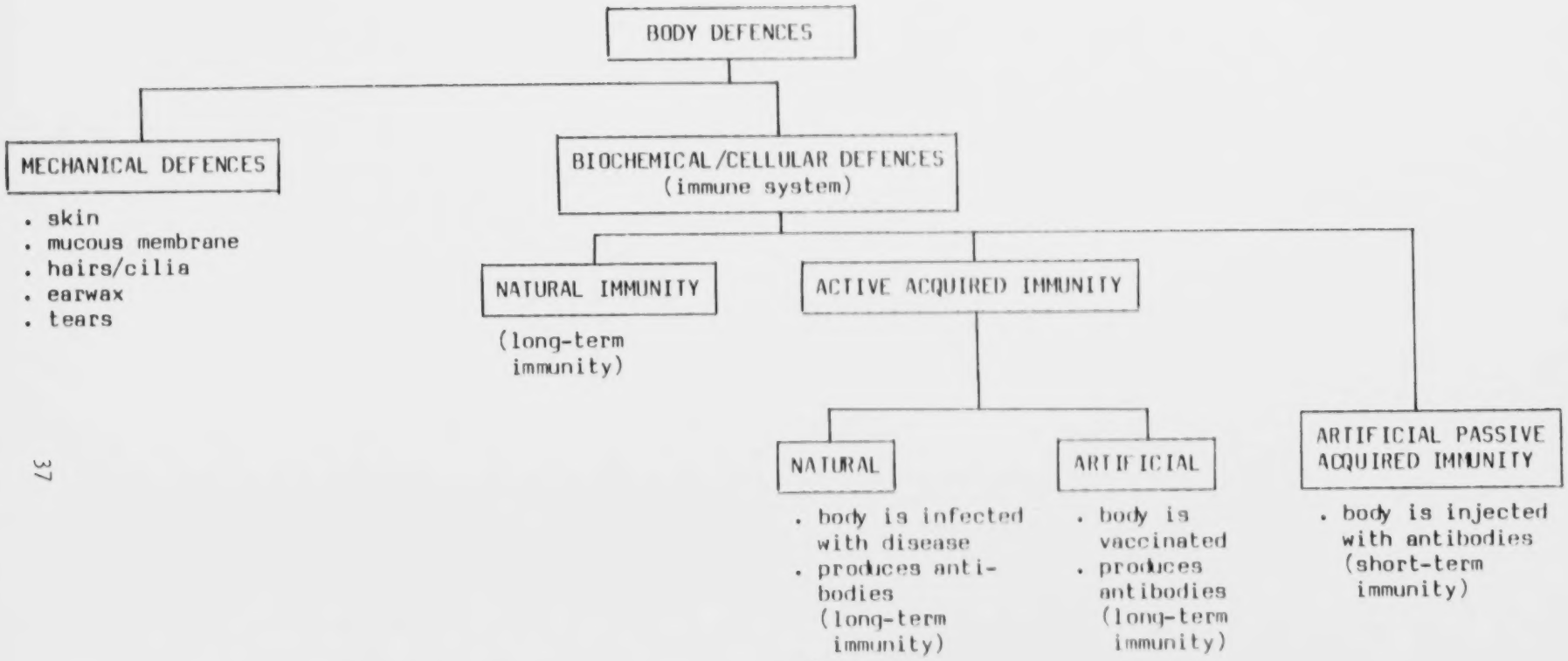
Maintaining Immunity

Almost all children are immunized against rubella, rubeola, mumps, whooping cough, diphtheria, tetanus, and polio. Many people will get immunized against the following before travelling to foreign countries: typhoid, cholera and yellow fever.

It is important to keep track of the immunizations you have had and when you have had them. It is also important to periodically get booster shots.

Immune System Problems

Sometimes a body can be immune-deficient. Even minor infections can become life-threatening. Some people are born with immune deficiency. Some people acquire immune deficiencies, e.g., contacting HIV, or using immuno-suppresnt drugs.


BODY DEFENCES
MECHANICAL DEFENCES
. skin
. mucous membrane
. hairs/cilia
. earwax
. tears
BIOCHEMICAL/CELLULAR DEFENCES
(immune system)
NATURAL IMMUNITY
(long-term immunity)
ACTIVE ACQUIRED IMMUNITY
NATURAL
. body is infected with disease
. produces antibodies (long-term immunity)
ARTIFICIAL
. body is vaccinated
. produces antibodies (long-term immunity)
ARTIFICIAL PASSIVE ACQUIRED IMMUNITY
. body is injected with antibodies (short-term immunity)

37

TEACHER BACKGROUND NOTES: SOME QUESTIONS AND ANSWERS ABOUT AIDS

1. What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is the most serious form of an infection that is caused by Human Immunodeficiency Virus (HIV).

2. What causes AIDS?

AIDS is caused by the Human Immunodeficiency Virus (HIV). If HIV gets into a person's blood, it infects and may destroy certain white blood cells called helper T-cells. These white blood cells are very important to the body because they help to fight disease. Once the cells are weakened, the body's immune system cannot work properly.

3. How is the virus that causes AIDS transmitted?

The virus is transmitted primarily through sexual intercourse (anal, vaginal, and possibly oral). The virus that causes AIDS lives in certain body fluids, especially blood, semen, and vaginal fluids. It may enter a person's bloodstream through the rectum, vagina, or penis. Small, almost invisible tears in the surface lining of the vagina or rectum may occur during insertion of the penis. The virus can be contracted most readily through anal intercourse with an infected person.

The risk of infection increases with the number of sexual partners. The more partners a person has, the greater the risk of becoming infected with HIV infection or AIDS.

HIV can also be transmitted through the sharing of contaminated needles during intravenous drug abuse. It can also pass from a pregnant woman to the fetus in her womb. To date there are no documented cases in which kissing has been responsible for the transmission of HIV. Dry or social kissing presents no danger of infection.

4. How contagious is HIV?

HIV is not considered to be highly contagious. The virus is very fragile and cannot be spread through the air; nor can it live outside the body for any length of time. It cannot be spread by casual contact with persons or things; for example, it cannot be transmitted through food, water, eating utensils, drinking fountains, swimming pools, hot tubs, toilets, or such much-handled objects as money, door knobs, or telephones. Since the virus cannot be transmitted through the air, it cannot be spread through coughing or sneezing.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, pp. 9-12. Used with permission.

HIV has been found in tears, saliva, and breast milk. To date there are no documented cases in which tears or saliva alone have been responsible for the transmission of the virus and only one case involving breast-milk transmission.

5. How does HIV attack the immune system?

When disease-causing organisms enter the body, special white blood cells, called helper T-cells, attack these organisms. The helper T-cells stimulate B cells (white blood cells) to make antibodies, which start to kill the disease organisms. Other special cells move in to destroy the bacteria or viruses, but these are able to work only if they are helped by the T-cells. The T-cells are an essential part of the immune system.

If HIV is able to enter the bloodstream, it attacks the helper T-cells and literally takes them over. The helper T-cells in turn produce additional HIV and are destroyed in the process.

An infected person may show no signs of the disease. The incubation period for AIDS (i.e., the time between infection and the development of symptoms) can be as long as ten years, and during this time the virus may gradually destroy some of the helper T-cells. This results in the deterioration of the immune system.

If a person is carrying the virus, that person can still infect others, even if he/she shows no sign of the disease. A carrier may not know that he/she is a carrier. People infected with HIV will remain infected for the remainder of their lives or until a cure is discovered.

6. What are the signs and symptoms of HIV infection?

No signs or symptoms. Some people remain apparently well after having been infected with HIV. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts or intravenous drug abuse, these infected individuals can spread the virus to others. Anyone who thinks that he/she is infected should not donate his/her blood, organs, tissues, or sperm, because they may now contain the virus that causes AIDS. As well, such an individual should seek appropriate counselling.

AIDS-related complex (ARC). This is a condition caused by HIV in which the infected person has a specific set of clinical symptoms. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, fatigue, lack of resistance to infection, and swollen lymph nodes that persist for a long time. These are also signs and symptoms of many other diseases, and a doctor should be consulted for diagnosis.

AIDS. Only a medical doctor can diagnose AIDS, which is the end stage of a progression of infection caused by HIV. AIDS destroys the body's immune system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic infections, which would not otherwise cause illness, may eventually cause death. Although HIV in all infected people is essentially the same, the reactions of individuals may differ.

Symptoms of AIDS and the opportunistic infections may include a persistent dry cough and fever with shortness of breath or difficult breathing. These symptoms are associated with Pneumocystis carinii pneumonia, a parasite found widely in nature and in the lungs of animals and humans.

Persons with AIDS may also develop Kaposi's sarcoma, a rare form of cancer. Multiple purplish blotches and bumps on the skin may be a sign of this cancer.

HIV may attack the nervous system and cause delayed damage to the brain. Some of the symptoms of this damage, which may take years to develop, are memory loss, apathy, loss of coordination, partial paralysis, and mental disorder.

7. Who is at risk from AIDS and HIV infection?

People who practice certain behaviour are at risk. The following are examples:

- a person who has a sexual relationship with an infected person,
- people with many sexual partners, who are more likely to have intercourse with an infected person,
- people who abuse intravenous drugs and share needles.

8. How can AIDS and HIV be prevented?

Education is the best defence against AIDS and HIV infection. A vaccine is very unlikely for many years. To date there is no treatment capable of destroying HIV and repairing the body's immune system. The following is a list of preventive measures:

- Sexual abstinence is the most effective means of prevention of the spread of AIDS for single people. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in a permanent relationship.

- If abstinence or mutual monogamy is not practised, the correct use of a latex condom with spermicidal foam or a water-based lubricant is the only practical way to protect oneself against the disease.

- Obviously, the most effective precaution intravenous drug abusers can take against HIV is to stop using drugs. Those who choose to continue to abuse drugs should refrain from sharing their own or using other people's equipment (needles and syringes).

- Inconsideration of others, a person with HIV infection, ARC, or AIDS has a responsibility to take every possible precaution to avoid transmitting the virus.

9. Is there a Cure for AIDS?

There is neither a cure nor a vaccine for AIDS. Eighty percent of people with HIV infection die within three years of diagnosis of full-blown AIDS. To date no one has recovered from this disease.*

10. How are AIDS and HIV infection treated?

At this point, AIDS and HIV infection cannot be treated. Doctors treat the opportunistic infections.

* The source for this response comes from Manitoba Health.

STUDENT BACKGROUND NOTES: AIDS AND HIV INFECTION

CAUSE

Virus called Human Immunodeficiency Virus (HIV)

TRANSMISSION

Direct contact through:

1) sexual intercourse with an infected partner;
2) use of contaminated blood/blood products;
3) the placenta of a pregnant woman to her infant, before or during birth;
4) use of contaminated needles (intravenous drug abuse).

NATURE OF DISEASE

- The virus multiplies inside and kills specific white cells of the immune system.
- The host may be mildly or very ill and becomes a carrier.
- Once the immune system is weakened, other disease organisms invade the body causing skin cancer, pneumonia, or brain infections; this is classic full-blown AIDS, and it is progressively fatal.

PREVENTION

1) Sexual abstinence (No Risk)
2) Faithful relationships with uninfected partner (No Risk)
3) Use of latex condoms in sexual intercourse outside of mutually faithful relationships to avoid exchange of body fluids (Risk)
4) Testing of exposed people for HIV antibodies before considering conception and avoiding pregnancy if test is positive (No Risk to Fetus)

PERSONAL

Responsibility to protect oneself and others is necessary to prevent person-to-person transmission of HIV infection.

TEACHER AND STUDENT BACKGROUND NOTES: SPECTRUM OF AIDS

As far a we know now, not everyone who is infected with HIV will get AIDS (see Figure on page 9). The following are the possible outcomes of infection with the virus.

HIV infection. A large group of people become infected, continue to look and feel well, but are carriers. Although they have no symptoms, they can still pass the virus on to others. Some people infected with HIV may develop initial, flu-like symptoms such as headache, fever, body pain, chills, rash, and enlarged lymph glands, which may disappear. This usually occurs about six to twelve weeks after exposure, at which time the person develops antibodies to the virus, i.e., becomes seropositive.

AIDS-related complex (ARC). Some people have AIDS-related complex or ARC. They become ill, but they do not have the most serious form of the disease. A person with ARC may have mild to moderate symptoms, which may either clear up, continue, or worsen. These symptoms may include any of the following:

- swollen lymph glands in the neck, armpit, or groin
- a prolonged fever
- persistent night sweats
- fatigue
- a loss of weight for no apparent reason
- diarrhea
- neurological disorders
- a white coating on the tongue and a sore throat

Similar symptoms can be caused by many infections. When the symptoms are caused by HIV infection, however, they persist over a long period of time, that is, weeks or months.

Whether a person stays at the ARC stage or goes on to develop AIDS may depend on many interrelated factors. Researchers do not know what causes this range of reaction and are looking at such factors as genetic structure, the relationship between stress and the immune function, or the action of other viruses working with HIV to account for the triggering of AIDS. If infections other than HIV are present in the body, additional stress may be placed on the immune system, and this weakened condition may increase the chances of developing AIDS.

AIDS. People with AIDS have a dangerously weakened immune system, and because the body can no longer defend itself, certain serious infections occur. These people become ill with bacterial, fungal, and viral infections to which healthy people usually do not succumb. The incubation period of this complicated, devastating disease is variable and may be as long as ten years or more, according to currently available information.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part A, pp. 7-10. Used with permission.

The following symptoms are associated with AIDS:

- unexplained bleeding or weight loss
- night sweats
- persistent fatigue and diarrhea
- shortness of breath
- a dry cough
- a sore throat
- repeated infections
- oral candidiasis (thrust, whitish spots or patches in the mouth or throat)
- painless, purplish bumps or spots on any part of the body, including the mucous membranes
- neurological and behavioural disturbances resulting from damage to the brain and nervous system

Infections that take advantage of a breakdown in the defence or immune system are called opportunistic infections. People with AIDS die from these rare and serious illnesses, which their bodies cannot fight.

The most common life-threatening opportunistic infection in AIDS patients is Pneumocystis carinii pneumonia, previously seen almost exclusively in cancer and transplant patients receiving immunosuppressive drugs. This pneumonia is caused by a parasite that is not harmful to a healthy individual with an intact immune system. In fact, before AIDS, people built up an early immunity to this parasite, and this form of pneumonia was rare. Other opportunistic infections are pneumonia, meningitis, and encephalitis, caused by different viruses, bacteria, and fungi.

Yeast and fungal infections in otherwise healthy individuals are generally more of a nuisance than a serious threat to their health. In an AIDS patient, however, a yeast infection can overrun the entire body, causing not only oral thrush, where the mouth and throat are painful, but also a systematic yeast infection affecting many of the internal organs.

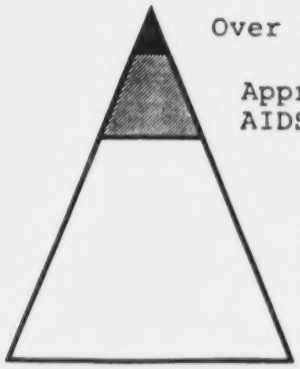
Many people with AIDS get a rare cancer called Kaposi's sarcoma. Researchers have also found HIV in brain tissues, destruction of brain cells, with subsequent effects on intellectual skills and body control. Once damaged, the brain cells do not recover; dementia is a serious problem in some people who have AIDS.

The potential impact of multiple infections on the general populace is a very serious concern and shows the need for scientists to develop ways to rebuild damaged immune systems as well as ways to inhibit the virus.

Persons with ARC or AIDS and those who are seropositive without symptoms carry HIV and may transmit the virus by way of their blood and body fluids. Estimates of the number of seropositive persons who will go on to develop AIDS vary from 25 percent upwards. As of July 1987, 1134 cases of AIDS had been diagnosed in Canada. Approximately half of these people have already

died. Researchers estimate that there may be as many as 50,000 other Canadians who are infected with the virus but have not as yet developed any symptoms of AIDS.

The Spectrum of AIDS in Canada
(as of July 20, 1987)


Over 1000 people have AIDS.
Approximately 7000 people have AIDS-related complex (ARC).
Approximately 50 000 people are infected but do not have symptoms.

Testing for HIV Infection

Specialized tests for HIV itself are not yet generally available. Instead, physicians use the HIV antibody test as a marker for the presence of the virus. A physician will order the test for someone who has physical symptoms of HIV infection or for someone whose history indicates that they run a risk of developing the infection--particularly if that person is a woman who is planning a pregnancy.

It is estimated that it usually takes six to twelve weeks and possibly up to six months after infection for antibodies of HIV to appear in the blood and to be accurately reflected by a test. Thus, a blood test taken too soon after exposure may give a misleading negative result.

The HIV antibody test is used routinely to test all blood donors as well as sperm, organ, and tissue donors. Specimens found positive by the antibody test are never used. Testing protects people who receive artificial insemination, transplanted organs or tissues, or blood transfusions from contracting the virus from an infected donor.

An antibody test (enzyme-linked immunosorbent assay or ELISA) is not deemed to be positive until the test has been repeated and the result confirmed by a second special test (Western Blot). If that test is positive (i.e., if antibodies are found), it means that, at some time in the past, the virus has entered the person's bloodstream. A positive test does not mean:

- that the person will necessarily develop AIDS;
- that the person is protected against AIDS. (Usually antibodies protect a person from disease, but this is not the case with HIV antibodies.)

A positive test does mean:

- that the person probably has the virus in his/her bloodstream;
- that the person is able to pass the virus on to others;
- that the person must take precautions. The individual must never have unprotected sexual intercourse or share needles. Those two steps should keep others from being infected.

TEACHER BACKGROUND NOTES: AIDS IN CANADA: WHAT YOU SHOULD KNOW

Prepared by the National Advisory Committee on AIDS

Published by authority of
The Minister of National Health and Welfare
1986

Most Canadians have heard of the Acquired Immunodeficiency Syndrome - AIDS. Many people are very fearful and concerned about the spread of this illness. This pamphlet answers commonly asked questions about AIDS, its cause, how it can be spread and how it can be prevented. The information presented is based on the current scientific knowledge about this illness.

Prevention is the key to the control of AIDS.

What is AIDS?

AIDS is a breakdown of the body's immune system--its natural defence against disease. Without this protection, a person is vulnerable to illnesses which a healthy immune system can prevent.

A person with AIDS fights an ongoing battle against many illnesses. Rare forms of pneumonia, skin cancer or brain infection may occur and are often fatal.

What Causes AIDS?

AIDS is caused by a virus--commonly called the Human Immunodeficiency Virus (HIV)--which attacks the body's immune system. Infection with this virus does not always lead to AIDS. Infected persons may have a mild illness or none at all. As yet, it is not known why some people become ill and others do not. The amount of virus, as well as infection by other viruses, may influence the development of AIDS.

Who Gets AIDS?

Most persons with AIDS have been exposed to the virus through sexual intercourse with infected individuals. In Canada, AIDS has occurred primarily among homosexual or bisexual men. Over three-quarters of reported cases of AIDS belong to this group. The infection can also be transmitted sexually from men to women and women to men. Two per cent of Canadian cases have acquired the infection in this way.

AIDS has occurred in a small number of people who have received blood product therapy or blood transfusions that have come from donors who are infected with the virus. This represents three per cent of Canadian cases of AIDS.

AIDS has also occurred in intravenous drug users, who spread the virus by sharing needles and syringes contaminated with blood from someone infected with the virus. Only one Canadian case has been reported. In the United States, however, 17 per cent of AIDS cases are intravenous drug users.

The infection can be transmitted from an infected mother to her baby during pregnancy. In Canada four per cent of AIDS cases are children who most likely were infected in this way. Transmission of the infection in breast-milk has been reported in one infant in Australia.

AIDS has also occurred among recent immigrants from some areas in the Caribbean and Central America where AIDS is widespread. These people have been infected in the same ways as in North America--by sexual activity with an infected person or exposure to contaminated blood.

Is There Any Treatment for AIDS?

At this time, there is no treatment which can repair the breakdown of the body's immune system. Treatments are available for many of the illnesses which develop because of the weakened immune system. However, AIDS is usually fatal. Most patients have died within three years. Researchers around the world are studying drugs which may combat the virus.

HIV infection does not always lead to AIDS. Many persons have a mild illness or no symptoms at all. The questions and answers which follow provide current information on HIV infection.

What Are the Symptoms of HIV Infection?

A person who has HIV infection may feel completely well and have no symptoms. Some people develop some of the following symptoms: swelling of glands in the neck, armpits and groin, a thick white coating on the tongue or throat, unexplained weight loss, persistent diarrhea, a harsh dry cough, tiredness, fever, or night sweats. Remember: these symptoms often occur with other common illnesses unrelated to HIV infection, which are easily treated. Do not assume you have AIDS if you have some of these symptoms--see a doctor! AIDS is diagnosed when HIV infection causes a complete breakdown of the immune system and rare illnesses develop.

Is There a Test for the Virus (HIV)?

At the present time, blood can routinely be tested only for "signs" of the virus. These "signs" are special blood components called "antibodies" which form in response to the virus. The blood test is available only at the request of a physician.

What Does a Positive HIV Antibody Test Mean?

If antibodies to HIV are found in the blood, it means the person has been infected with this virus at some time. This is NOT a test for AIDS. A positive test result does NOT indicate whether or not the person will get AIDS at some time in the future. It does NOT mean the person is immune to the virus. It DOES mean that the person may have the virus in his/her body and could pass it to others.

What Does a Negative HIV Antibody Test Mean?

Usually it means that the person has not been infected with the virus.

Can an Infected Person Pass the Virus to Others?

Yes, if the person has the virus in his/her body, he/she may give it to someone else in one of these ways:

- through sexual intercourse
- by sharing blood-contaminated needles and syringes for injecting drugs or medication
- from mother to baby during pregnancy
- by donating blood, organs or sperm which are then given to others

How Contagious is HIV Infection?

The virus cannot be spread through the air by coughing or sneezing. Physical contact that does not involve exchange of body fluids will not transmit the infection. This includes shaking hands, hugging, and kissing (without exchange of saliva). Insects do not spread the virus. It is not transmitted by swimming in the same pool, using the same toilet, using the same telephone, or sitting next to an infected person. Studies of household members of infected persons have shown that no one has contracted the infection except by sexual activity or transmission from mother to baby during pregnancy.

What Can Be Done to Prevent Contracting HIV Infection?

People infected with the virus may seem completely healthy and may not even know they have it. Everyone should take precautions to protect himself/herself from becoming infected.

Do not have sex with many different people. The more partners you have, the greater the chance of having sex with someone who is infected.

Know your partner. Use condoms if there is any possibility your partner has been exposed to or is infected with HIV. A history of intravenous drug-use or of many sexual partners increases the chance that a person may have been infected.

Do not share needles and syringes with anyone.

What Can Be Done to Prevent the Spread of this Infection?

If a person knows he/she is infected, precautions must be taken to prevent passing the virus on to another person.

Use condoms during sexual intercourse. The proper use of condoms is likely to prevent infection with the virus carried in semen.

Do not have anal intercourse. It can cause sores or cuts in the rectum, and the virus may get into the bloodstream through these breaks. If you do have anal intercourse, use a condom.

Oral sex may spread the infection if semen containing the virus comes in contact with open sores or cuts in the mouth.

Do not allow semen, blood, urine or feces to enter the body of a sexual partner.

Infected women should use a safe method of contraception to avoid pregnancy until more is known about the risks of transmission from mother to the baby.

Never share needles and syringes with anyone.

Do not donate blood, organs or sperm.

Can a Person Become Infected by Donating Blood?

ABSOLUTELY NOT. There is no chance of getting the virus by donating blood to the Blood Transfusion Service of the Canadian Red Cross Society. All equipment used is sterile. Needles are new and used only for one one donor. They are never re-used.

Can a Person Become Infected with the Virus by Receiving a Blood Transfusion?

The risk is very low--much lower than the risk of not having a transfusion if required for medical reasons. The Blood Transfusion Service of the Canadian Red Cross Society is taking all possible precautions to protect the blood supply and prevent the spread of infection through blood transfusion. All donors are given information on AIDS, and people who may be at risk of having the virus are asked not to donate blood. Since November 1985, all blood donations have been tested for signs of the virus (antibodies). If these are found, the blood is not used for transfusion.

Can the Virus be Spread by Equipment Used by Doctors, Dentists or Optometrists?

There is no evidence to indicate that the virus is spread in this way. Sterilization techniques commonly used will kill the virus.

Can the Virus Be Spread by Equipment Used for Electrology, Acupuncture, Tatooing or Ear Piercing?

Not if correct sterilization techniques are used. The virus is destroyed by heat (soaking equipment at 56° C for 10 minutes) and by common household bleach solution (soaking for 10 minutes). Ask if new equipment is used for each client. If instruments are re-used, ask if they are properly sterilized after each client.

If you have any questions, contact the National Advisory Committee on AIDS, c/o Laboratory Centre for Disease Control AIDS Centre, Health and Welfare Canada, Ottawa, K1A 0L2. (Telephone: 613-993-7711)

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STUDENT ACTIVITY: AIDS FACTS AND FALLACIES QUIZ

Teachers should select the test items which are suitable for the age level of the students and the sensitivities of the community. The AIDS facts and fallacies quiz can be completed by students as an introduction to the topic of AIDS. They should then review a videotape or film and take part in a question-and-answer session which will give them information on various aspects of AIDS. They can complete the quiz again after the AIDS lessons to determine how much they have learned.

Aids Quiz

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. The purpose of this quiz is to assess how much you already know about AIDS.

Answer Key: T = True; F = False, U = Undecided

T F U 1. Everyone infected with HIV has developed AIDS.

T F U 2. HIV itself usually does not kill the person.

T F U 3. A person having the virus can pass it on even though that person shows no symptoms of AIDS.

T F U 4. The exchange of certain body fluids, such as semen or blood, during sexual activity is a way of transmitting the virus.

T F U 5. Drug abusers who share drug needles and syringes run a very high risk of developing AIDS.

T F U 6. A person can get HIV infection from giving blood.

T F U 7. Only homosexual and bisexual men get AIDS.

T F U 8. Women can pass on the virus to sex partners.

T F U 9. A positive antibody test for HIV always means that the person has got or will get AIDS.

T F U 10. Students who have engaged in high-risk sexual or drug-abusing behaviour can get confidential AIDS testing and counselling.

Source: Education About AIDS, Ontario Ministry of Education, September, 1987. Part C, p. 8. Used with permission.

T F U 11. The virus that causes AIDS can be spread through everyday social contact, such as touching or being near a person with AIDS.

T F U 12. A person who abstains from sexual intercourse, or uninfected partners who remain sexually faithful to each other and who do not abuse needle drugs, have almost no chance of getting HIV infection or AIDS.

T F U 13. The proper use of the right kind of condom is a good way to reduce the chance of getting the virus.

T F U 14. People infected with the virus through needle-drug abuse can pass it on to sex partners even though their partners do not abuse needle drugs.

T F U 15. One can get information about AIDS from a physician or community health organization.

Answers: The correct answers are as follows:

1. F	5. T	9. F	13. T
2. T	6. F	10. T	14. T
3. T	7. F	11. F	15. T
4. T	8. T	12. T	

CASE STUDY

Maintaining Good Health

Joanne is a conscientious junior high student who is committed to mai..taining excellent health. She reads about issues of health and attempts to know the best preventive health practices. Joanne does not think that the information about AIDS she has received in school is sufficient. She wishes to learn more about this disease and update this information in the future.

Questions

1. What is the problem?

   . Joanne needs a resource to acquire new information about AIDS.

2. What are the important facts about the situation?

   . Joanne's classes at school did not provide sufficient information about AIDS.
   . The school or community library has information about AIDS. Information may not be up-to-date as more is being learned about AIDS on a continuous basis.
   . Some communities have AIDS telephone lines for those seeking current information.
   . Current written material is often available from a federal, provincial or local health department, or a doctor.

3. What are the possible actions?

   . Joanne could look up materials in the school or community library.
   . She could check the phone book for an AIDS information listing.
   . She could contact a health department or a doctor.

4. What is the best solution?

   . Joanne should contact the federal, provincial or local health department for the most current information, or a doctor.